

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         |                    |        |          |
| O.I.P.E. CLASSIFIER       | <i>[Signature]</i> | 32     | 7/3      |
| FORMALITY REVIEW          | <i>[Signature]</i> | 900    | 08/13/01 |
| RESPONSE FORMALITY REVIEW |                    |        |          |

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date    |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
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